

PERSONAL DATA CARD FORM

INSTRUCTIONS

Please complete the right hand section of the Personal Data Card. Do not separate the data card from this form. This form must accompany your application.

The address that you indicate on the Personal Data Card must be your mailing address.

DO NOT SEPARATE

FOR OFFICIAL USE ONLY		DEPARTMENT OF CONSUMER AFFAIRS PHYSICAL THERAPY BOARD OF CALIFORNIA PERSONAL DATA CARD		
LICENSE NO.	SCHOOL CODE			
		NAME: _____ (LAST (FIRST) (MIDDLE)		
ISSUE DATE	EXPIRATION DATE	MAILING ADDRESS: _____ (NUMBER AND STREET)		
		(CITY) (STATE) (ZIP CODE)		
		PHONE NUMBER (_____)		
ILF RECEIPT NO.	ENDORSEMENT STATE			
		DATE OF BIRTH	U.S. SOCIAL SECURITY NO.	PT/PTA GRAD. DATE
		NAME OF PT OR PTA PROGRAM _____		
		STATE OR COUNTRY OF PT OR PTA PROGRAM _____		